I. Adult Learning Principles

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1. Introduction

Education is one tool in the fight against cancer. Fully informed health care professionals and consumers can act more effectively to care for their patients, themselves, and their loved ones. It is vitally important that everyone learn how to decrease their risks for getting cancer, the importance of screening and early detection, and ways to access various treatment options.

Cancer education can take many forms: individual counseling and education, group training sessions, media campaigns, and printed materials such as brochures, pamphlets, and newsletters. This trainer's guide is designed for both lay people and health professionals who are conducting group-training sessions with community and scientific audiences. It offers practical suggestions for taking your knowledge, tailoring it to the specific needs of your audience, and packaging the information in new ways. The guide provides ways to enliven your training, encourage more active participation, and enrich the learning experience for everyone involved.

The trainer's guide also provides examples of icebreakers, energizers, and closing activities as well as checklists and charts to help you write objectives, develop a training plan, and conduct an evaluation.

Guiding principles that serve as underpinnings for the development of this trainer's guide are:

• *We all have incredible assets to bring to the training experience.* You, as trainers, already have a wealth of information and skills. This trainer's guide is merely an opportunity to review, refresh, and reinvigorate your training. This guide also describes ways to elicit the experiences and skills of your participants so that they are actively engaged in the learning experience.

- *Application is an important part of any learning experience.* Just as the trainer's guide encourages you to construct opportunities for your participants to apply their new information and skills during your training, it also provides you with a chance to do the same. Most sections have worksheets that give you an opportunity to apply the information from that section.

- *Changes in knowledge, attitudes and behaviors, and skills are primary objectives.* The trainer's guide provides suggestions for ways to use training methods that lead to increased information and skill acquisition, and to improved attitudes.

2. Principles of Adult Learning

All trainers should understand the principles of adult learning; however, cancer education poses some unique challenges. The word "cancer" still strikes fear in the hearts and minds of many people. Participants in your training sessions may come with a number of emotions, unresolved feelings, fears, and concerns that will influence their receptivity to the training content. They also may bring experiences, perspectives, and insights that will enrich the training. Thus, cancer education is not just a matter of presenting new information to a passive, receptive audience. The trainer must carefully consider the emotional context in which this education takes place.

Malcolm Knowles, often referred to as the "father of adult education," found that adult learning occurs best when it follows certain principles. If trainers follow these guidelines, they will greatly enhance the learning experience for participants (Knowles, 1990). Arnold et al. (1991), among other adult educators, state that people retain:
• 20 percent of what they **hear**
• 30 percent of what they **see**
• 50 percent of what they **see** and **hear**
• 70 percent of what they **see, hear,** and **say** (e.g. discuss, explain to others)
• 90 percent of what they **see, hear, say**, and **do**
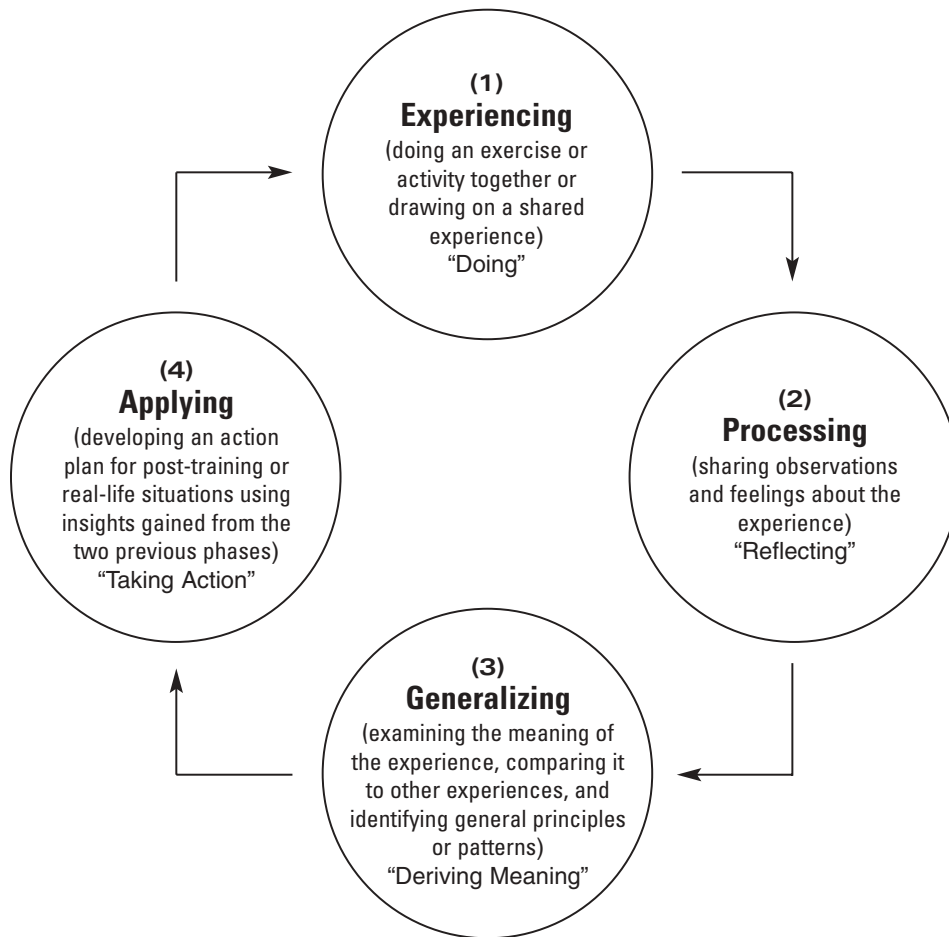
Therefore, for participants to retain what they learn in cancer education workshops, they need a chance not only to **hear** a lecture or discussion, **see** a demonstration or visual aids, and discuss the material, but they must also have an opportunity to **do** something with the new information and skills. This can take the form of applying their new insights to a case study or role play exercise, or it can take the form of developing an action plan of ways to use their training insights in real life.

It is also important to remember the adult learning cycle. Participatory training is the hallmark of adult learning. It moves participants through the four phases of the adult learning cycle described on page 7.

Participants learn best when...	The role of the trainer is to...
• They feel valued and respected for the experiences and perspectives they bring to the training situation	• Elicit participants' experiences and perspectives
• The learning experience is active and not passive	• Actively engage participants in their learning experience
• The learning experience actually fills their immediate needs	• Identify participants' needs and tie training concepts into these identified needs
• They accept responsibility for their own learning	• Make sure that training content and skills are directly relevant to participants' experiences so that they will want to learn
• Their learning is self-directed and meaningful to them	• Involve participants in deciding on the content and skills that will be covered during the training
• Their learning experience addresses ideas, feelings, and actions	• Use multiple training methods that address knowledge, attitudes, and skills
• New material is related to what participants already know	• Use training methods that enable participants to establish this relationship and integration of new material
• The learning environment is conducive to learning	• Take measures to ensure that the physical and social environment (training space) is safe, comfortable, and enjoyable
• Learning is reinforced	• Use training methods that allow participants to practice new skills and ensure prompt, reinforcing feedback
• Learning is applied immediately	• Provide opportunities for participants to apply the new information and skills they have learned
• Learning occurs in small groups	• Use training methods that encourage participants to explore feelings, attitudes, and skills with other learners
• The trainer values their contributions as both a learner and a teacher	• Encourage participants to share their expertise and experiences with others

Using the Adult Learning Cycle

(1)
Experiencing
(doing an exercise or
activity together or
drawing on a shared
experience)
"Doing"

(2)
Processing
(sharing observations
and feelings about the
experience)
"Reflecting"

(3)
Generalizing
(examining the meaning of
the experience, comparing it
to other experiences, and
identifying general principles
or patterns)
"Deriving Meaning"

(4)
Applying
(developing an action
plan for post-training or
real-life situations using
insights gained from the
two previous phases)
"Taking Action"

It is important to move participants through this cycle at least once per module or 4-hour session. If your training will be more than 4 hours in length, it will be necessary to complete proportionately more full cycles.

Applying the Adult Learning Cycle to Cancer Education: An Example

Let's look at how a training program on cancer survivorship might move participants through this cycle.

Once the trainer has set the stage for the training, reviewed the agenda, and conducted an icebreaker, he or she can move through the adult learning cycle.

Phase 1: Experiencing

The trainer might first lead an activity designed to get participants talking about how receiving a cancer diagnosis impacts their life.

If all of the participants were cancer survivors, the trainer would know that everyone has had the experience of first learning their diagnosis, so a small group discussion might be an appropriate beginning place. However, if some participants were not survivors but were social workers from an oncology unit, the design of this activity should be modified. Since they have not necessarily personally experienced the feelings associated with a cancer diagnosis, a small group discussion would not be appropriate as a beginning place. A more appropriate beginning might be a panel presentation by a group of survivors.

Phase 2: Processing

The trainer would then lead a discussion about what people heard during their small group discussions or what feelings the panel aroused in them.

Phase 3: Generalizing

The next part of the discussion might lead to a comparison between getting a cancer diagnosis and other life-altering news.

Phase 4: Applying

The trainer would then encourage all participants to think of ways they might use these new insights. For oncology social workers, the discussion might yield insights that would help them be more compassionate and understanding with their newly-diagnosed patients. For cancer survivors, the discussion may have generated ideas to take back to their support groups or about how to get more support for themselves.

Repeating the Cycle
The trainer would then move to the next activity and the adult learning cycle would be repeated using the same structure of experiencing, processing, generalizing, and applying.

(1)
Experiencing
how receiving a cancer diagnosis impacts one's life

(2)
Processing
discussion about what people heard during their small group discussions or what feelings the panel aroused in them

(3)
Generalizing
comparison between getting a cancer diagnosis and other life-altering news

(4)
Applying
think of ways they might use these new insights in their jobs
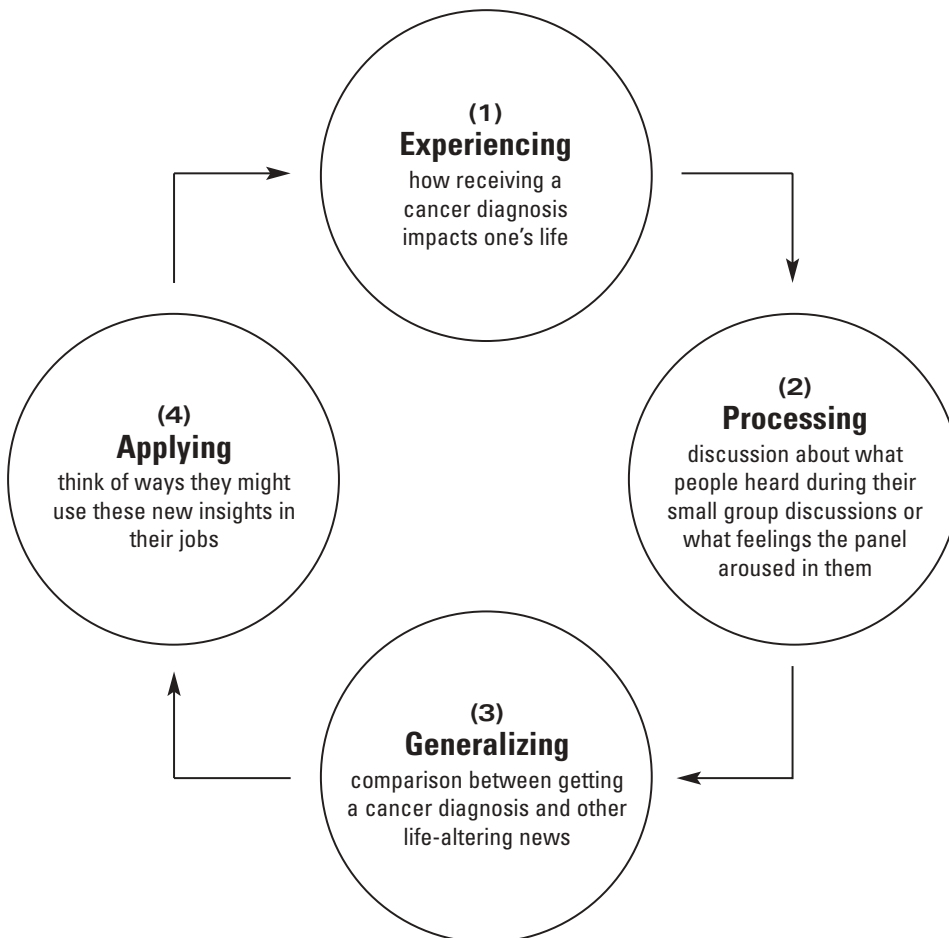
Ensuring that the Training Addresses the Fact that People Learn in Different Ways

Trainers must be aware that in any audience the participants will learn in different ways:

For participants who…	Use
• Resonate with abstract concepts and lectures	• Case studies and discussions about theories and research
• Learn best while observing others	• Demonstrations and videos
• Learn best from exercises	• Role playing and other experiential activites
• Learn best through visual means	• Videos, images, and slides

Since trainers are unlikely to know the individual learning styles of the participants in their audience, it is best to assume that there are people with all learning styles in each group and design a variety of strategies to meet the learning needs of all participants. These training methodologies will be discussed in detail in section II.2.

It is also important to consider the learning strategies to which different audiences are accustomed. For example, health care professionals are used to learning from lectures, demonstrations, and case studies. They may be less used to learning via experiential exercises and some of the creative strategies listed in section II.2. On the other hand, community members and groups of survivors or patients and family groups may prefer more interactive methods over lectures and PowerPoint presentations.

Trainers need to be judicious about matching training methodologies to the specific audience. This does *not* mean that health care professionals will never respond to experiential exercises, nor that community groups will *never* benefit from lectures. However, it does mean that training methods that the audience is not accustomed to should be used in moderation and with sensitivity.

For example, the trainer might warm up an audience of health care professionals by using experiential methods such as small group discussions about a case study *before* using role plays. Likewise, community groups might prefer lecturettes (i.e., brief lectures of no more than 15-20 minutes) followed by a question and answer period rather than a lengthy lecture.

Trainers will be most effective if they carefully consider the "culture" of their audience when choosing appropriate methodologies. In this way, participants can be carefully encouraged to explore new ways of learning.

Assisting Participants in Being Comfortable with the Learning Process

One of the trainer's primary tasks is to help participants feel comfortable with the learning process. There are many factors that hinder learning, such as fear of finding out that one's lifestyle predisposes one to a higher risk of cancer, fear of exposing one's ignorance to others, or fear of stirring up painful memories of loved ones lost to cancer. By creating a positive and non-threatening learning environment, the trainer can reassure the participants that these feelings are normal and will be carefully considered throughout the course of the training session.

3. Conducting a Participant Strengths and Needs Assessment

Before designing a program that is "one size fits all," it is important to conduct an assessment of participants' prior knowledge and experience as well as their hopes and expectations for the training. This can be accomplished through a variety of mechanisms that are employed before or at the very beginning of the training. It is important to keep in mind that training participants will bring a number of strengths and experiences as well as the need for new information, insights, and skills. Often assessments focus on "needs" but a comprehensive assessment should include both the strengths and needs of participants.

Before the Training

If you know the backgrounds of the people (i.e., general community members, health care professionals, or cancer patients and survivors) who will be participating in the training, you can conduct an assessment before planning the content and format. The best case scenario is to do this assessment with some or all of the people who will actually be participating in the training.

If you do not have a roster of who will be participating or your time is limited, another option is to conduct an assessment with key informants (i.e., people who may be demographically matched to those who will be participating, such as oncology nurses, survivors from a local support group, etc.). With this information, you will be able to design a training that builds on the strengths of the participants in order to add new information, develop new skills, and enhance understanding. Assessment methods that work well with particular participant groups include the following:

Audience	Assessment method
Health care professionals	E-mail, fax-back, or telephone surveys
Community members or survivors	Focus groups, in-person interviews, or telephone surveys

It is important to include enough people in your assessment to cover a variety of perspectives and experiences. For example, if you were conducting a community training on the importance of colorectal screening, it would be important to include a variety of health care providers (e.g., physicians, nurses, social workers, and health educators), general community members, colon cancer survivors and their family members, etc. This would give you a fuller picture of the knowledge and experience the community participants will bring to the training.

Possible questions include:
• What do participants already know about the topic?
• What experiences or insights related to the topic do participants already possess?
• What do participants believe are the challenges or barriers related to the issue? (For example, why do they think people do not avail themselves of colorectal screening services?)
• What do participants hope to gain from the training? (This includes new knowledge, skills, resources, etc.)
• What do participants desire regarding the logistics of the training (e.g., location of training, length of program, optimal number of days of training, best day of week, time of day, etc.)?

The more specific the questions, the more useful the feedback will be. You can then use the information to develop the content and format of the training as well as to guide decisions related to training logistics. Assessments can pique community members' interest in the training topic as well as gather data for planning.

If you do not have access to community members or enough time to conduct an assessment, it is also helpful to review evaluations from prior training programs.

Consider using the "Training Assessment Worksheet," in appendix B to design your own training assessment.

At the Beginning of the Training

If you are not able to conduct an assessment before the training, there are a variety of techniques that can be used to determine participants' knowledge and expertise as well as their hopes for the training that day.

Hopes and Expectations

One quick way to conduct an assessment is to ask participants to write down their hopes and expectations about the training as they arrive. One way to accomplish this assessment follows:

• Post sheets of flipchart paper on the walls of the training room with titles such as "one to two things I hope to learn at this training" and "one to two concerns I have about this training."
• Ask each participant (as they enter the training room) to write their comments on the flipchart paper.
• Review all of the comments.
• Let participants know which expectations will likely be met through the training and which may be beyond the scope of the training.

EXAMPLE

For example, if one of the participants wrote that he was concerned that the trainer would use too much technical language or difficult scientific concepts, the trainer can reassure him by saying, *"Some people seem concerned that this training will have too many concepts that are difficult to understand. We are really going to try hard to make the concepts as user-friendly as possible. However, if we start using scientific jargon or talk about things you don't understand, please let us know at that time or talk with one of the trainers during a break. We really want this training to be meaningful for everyone, so please help us by asking questions and giving us feedback."*

EXAMPLE

For another example, if someone wrote that she wanted to find specific clinical trials for a particular stage of colon cancer, the trainer might state, *"Actually, we won't be covering that specific information but I can refer you to the NCI Web site for clinical trials and give you the toll-free telephone number to call for more information."* In this manner the trainer can be a helpful resource for topics outside the scope of the training. However, if a number of participants have hopes and expectations that are not covered in your training plan, it would be helpful to take time to address these expectations **before** moving on with the training as you have planned.

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This approach is respectful of peoples' perceived needs and eliminates one impediment to learning. If you feel that it is necessary, you can even revise your agenda by spending time addressing the needs of your participants and discarding a less important portion of the training. **In this case, flexibility is key.**

Group Snapshots
Another quick way to assess participants' knowledge or experience is to take a group "snapshot." To do this, give participants a series of questions, and ask for a show of hands if the question pertains to them. For example, you might ask:
• How many of you know someone who has been screened for colorectal cancer?
• How many of you know someone who has been diagnosed with colorectal cancer?
• How many of you know the screening recommendations for colorectal cancer?

This information can help the trainer structure or restructure activities to more closely draw on the participants' experiences and meet their needs.

Throughout the Training
The following strategy is not considered an assessment strategy. However, it is a way to continue the assessment process throughout the training. A good trainer is able to read the body language of the participants to ascertain the appropriateness of the content, the pace of the training, and the energy level in the group. This technique is further discussed in section III.1.

In summary, the needs and strengths assessment provides invaluable information that will assist the trainer in developing appropriate training goals and objectives.